



NAME / ADDRESS / CONTACT CHANGE FORM

Human Resources will update your information in our SDS systems and your benefit provider. You will need to update your union of any changes to your name and address

Name Change * (your IT privileges will automatically be updated)

To _____



New Address / Phone Number/Emergency Contact (complete applicable information & sign/date)

Address _____ City _____ Province _____ Postal Code _____

Phone Number: _____ Alternate Phone Number: _____

Delete Phone # _____

(Please note: This information will change our dispatch records)

Emergency Contact _____

Phone Number: _____ Alternate Phone Number: _____

Effective Date: _____ Employee Signature: _____
(mm/dd/yy)

For Office Use Only	
Address/Phone/Contact Change	Name Change Only
<input type="checkbox"/> Entered in SDS	<input type="checkbox"/> Photocopy Proof of Name Document
<input type="checkbox"/> Emailed Payroll	
<input type="checkbox"/> Updated Easy Connect	